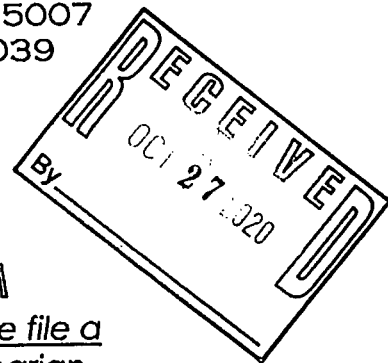


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: OCT. 27, 2020

Case Number: 21-53

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Debbie Chapman

Premise Name: Desert Cross Veterinary Hospital

Premise Address: 651 S Dusty Trail

City: Thatcher State: AZ Zip Code: 85552

Telephone: (928) 348-0026

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Shane Tuerr

Address:

City: State: Zip Code:

Home Telephone: Cell Telephone:

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Bella Bear Tuerr
Breed/Species: English Bulldog
Age: 2 Sex: Female Color: Fawn

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.
Debbie Chapman 651 S Dusty Trail, Thatcher, AZ 85552 (928)348-0026

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Dana Tuerr _____
Herb Tuerr _____
Luci Tuerr _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 10/27/20

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

To start off I don't normally use this vet, but our vet is a couple hour drive away and they assured us they would give her the proper care. I brought my Bulldog (my child) to this vet on Monday October 5 8:30am to see if she required stitches on her lip. The night before we contacted Desert Cross emergency line to try to get her looked at. They had us send pictures of the injury to them and they determined that it was not life threatening and could wait till morning. After our dog was evaluated that Monday morning, I was told by a tech that she did require stitches and that we would need to leave her here for the day. Around 11am my Wife (Dana) called to make sure everything went well. Debbie's staff replied saying everything went well and she was awake and in recovery. My wife then asked if we could come pick her up and they stated that they keep all their animals till 2pm so they can monitor them while recovering. At approximately 1pm we had received a call that our beloved Bella Bear had passed away and they found her while making "their rounds" as Debbie informed us. She stated to my wife that they only check on their animals once every hour. At this time, I couldn't even keep myself together. This dog was not a dog to us but our child and my best friend. Around 4:30 pm we went to Desert Cross to say goodbye. While we were there not once did Debbie come to speak with us but at that time I would of had no words to say or questions to ask. Two weeks later, on Tuesday October 20th they called saying the ashes were ready for pickup. I met my parents Herb and Luci Tuerr to pick her up because I knew I would not be able to handle walking in there. When they went in, they wanted to speak to Debbie as how did this happen. Debbie did not want to make it a scene, so she brought them to her office. I have a written statement from my parents of exactly what she said but for now I will sum it up. Debbie stated that she didn't know why she was even performing the procedure because it was strictly cosmetic. Yet not once did her or anyone from her clinic tell us that. If she did, we would have not had our dog get the stitches. She then stated that while she was inserting the tube down the throat of my Bella and that she found that our dog had an elongated palate that is very common with Bulldogs she said and that she knew at that point that if she continued that my dog would require constant monitoring during recovery. My parents then asked her why she was only checked on once an hour when she knew she would need special care and her statement sent chills down my spine. She stated she can't justify paying a tech to just sit and monitor the animals while recovering and that is her protocol with all her animals that they are only checked on once every hour or so. She then stated that her clients would not be happy with her if raised her prices just so she can pay a tech to sit there. When I received the news from my parents I sat and cried for a half an hour in the parking lot before I could get back in my car to drive home. My Bella choked to death in a kennel due to her neglect. If she would have just told me from the beginning that it was cosmetic, she would still be here. If she just pulled the tube before administering the anesthesia she would still be here, if my Bella just got the proper aftercare that she required she would still be here. It's now been 3 weeks and I just want some justice for my girl. I have been asking people around about this place since it happened and I have heard nothing but terrible stories from doing unnecessary surgeries, dogs being brought in for teeth cleaning but vet started prepping them for a spay to then her telling people they need to put their dog down because of issues but those people went to a different vet and received completely different news. I have then found she has been in trouble with the board before. I just want justice for my Bella and all the other animals she has harmed due to her malpractice and negligence. She should not be veterinarian.

November 1, 2020

Case 21-53

On October 4, 2020 I received a call from Dana Tuerr stating that her English bulldog had been attacked by their other dog and was bleeding from its lip and needed sutured up. I had her text me a picture of the dogs lip and it appeared to be a small laceration and was not bleeding at the time. I responded with "can you come in first thing tomorrow morning so we can suture it? It will be ok until then." She responded with "absolutely, what time?" and "do I need to do anything for it today?" I told her, "No need to do anything today. Come between 8-8:30a". She responded, "yes, we will be there at 8" "Can I still feed her and everything normal today?" I replied, "yes ma'am" and she said, "okay do I need to take it away at a certain time tonight for tomorrow?" I said, "dinner is fine just no breakfast." She responded, "ok perfect, thank you for your quick response. We will see you at 8"

Bella was brought in on Monday October 5, 2020 around 8:00am in the morning. The clients signed consent giving us permission to sedate and to suture her lip. A full physical exam was performed and then Bella was given a preanesthetic dose of BAG at 8:20am. She was brought to the surgery table and induced with ketamine/medazolam, intubated and placed on 3% sevo and oxygen at 9:30am. She was hooked up to monitors and her lip was shaved and scrubbed. I debrided the edges and placed three individual sutures and anesthesia was turned off at 9:33am and the patient remained on oxygen until extubated at 9:52.

After extubated the patient remained in the surgical recovery area for about another thirty minutes before being placed in her kennel. All patients in recovery are checked on at least hourly by staff. The main surgery tech checks all patients before going to lunch as do I and we both walked through and checked to make sure all patients were doing well and kennels clean before leaving for lunch around noon. I had just come back into the office after lunch when the surgery tech came in and said she had just done her after lunch rounds and Bella had passed away. I went and checked and made the call to the owner.

Bella had been resting comfortably and showed no signs of any respiratory distress when I checked her before leaving for lunch. There was nothing that was changed while at lunch and a necropsy was not performed so exact cause of death is not known. Ms Tuerr was understandably devastated with the news and said that she had to speak to her husband and would call us back. I spoke with her at least one more time going over the details again and she stated that they wanted to come and see the dog but could not come until about 4:30pm.

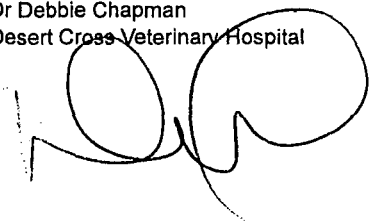
When they arrived I was in the barn doing a horse exam and was not even aware that they had arrived. They never told anyone that they wished to speak to me and so none of the staff came out to the barn to tell me that they were there or that they wanted to speak with me. The owner himself admits to not wanting to speak to me. When I came back into the small animal clinic the owners had already left and the dog had been transported to the freezer to await cremation. The owner text that night, "I feel absolutely failed and defeated. I have so much guilt for bringing her in today. I feel like an idiot; that cut seems so little now that it cost her, her life."

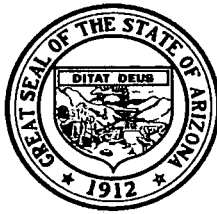
There was no neglect in the care and treatment of Bella. She did well for the three minutes she was under anesthesia and when she was swallowing and awake enough to be extubated she continued to breath and oxygenate well. She was then watched for another thirty minutes before being placed back in her kennel. At all times she was checked on she was breathing normal and resting comfortably. Never did she show any signs of distress. At what point do the owners get to take responsibility for choosing to own a high risk breed that is a genetic nightmare and wrought with health issues? Is this not the reason we have them sign consent with the acknowledgment that they understand there are risks associated with any medical procedure and especially anesthesia? We veterinarians are not God and the expectations that we are to know and be able to prevent death is just one part of the huge mental health stress that is placed on all of us and is destroying not only our mental health but our love and enjoyment for our profession.

I do not blame the owner for being upset as there is nothing that can make what happened better but death happens especially in high risk patients for reasons that we often never know or understand, again the reason we have them sign consent stating that they know there is risk and they are still agreeing to have the procedure done. Having lost

one of my own dogs post anesthesia, I understand that it leaves a huge unfillable hole and all these questions that do not have an answer. My heart breaks for them as I relive my own experience with sudden death in a beloved pet but it does not make it my fault nor does it mean that there was neglect on anyone's part. How does anyone even know why the dog passed away without a necropsy having been performed? How can I be to blame when there is no way to determine actual cause of death? What if the animal had gone home at noon and died after the owner went back to work? The unfortunate truth is our patients often have health issues that we have no idea about because they can not tell us and that is not our fault. We did everything right in our care and treatment of Bella and while horrible that she passed it is not our fault nor neglect that caused it.

Dr Debbie Chapman
Desert Cross Veterinary Hospital

A handwritten signature in black ink, appearing to be 'Debbie Chapman', written over the printed name.



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-53
Complainant(s): Shane Tuerr
Respondent(s): Deborah Chapman, DVM (License: 3526)

SUMMARY:

Complaint Received at Board Office: 10/27/20
Committee Discussion: 5/4/21
Board IIR: 6/16/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On October 5, 2020, "Bella Bear," a 2-year-old female English Bulldog was presented to Respondent for a laceration repair. The dog was anesthetized, the laceration was sutured and the dog recovered.

After lunch, staff found the dog deceased in her kennel.

Complainant was noticed. Wife, Dana Tuerr, appeared telephonically. Mother, Luci Tuerr, appeared. Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Shane Tuerr*
- Respondent(s) narrative/medical record: *Deborah Chapman, DVM*
- Witness(es) statement: *Luci and Herb Tuerr*

PROPOSED 'FINDINGS of FACT':

1. On October 4, 2020, Complainant's wife called Respondent reporting their dog was bitten by another dog in the house. The dog's lip was bleeding and needed to be sutured. Respondent requested she send a picture of the laceration. A picture was sent; since the laceration was small and not bleeding at the time, Respondent recommended they drop off the dog the following day.
2. On October 5, 2020, the dog was dropped off with Respondent. Complainant signed the consent form authorizing Respondent to sedate the dog and suture the lip. Upon exam, the dog had a weight = 55.6 pounds, a temperature = 100.2 degrees, a heart rate = 150bpm, and a respiration rate = 20rpm; other systems were noted as WNL (within normal limits). The dog was pre-medicated with BAG (butorphanol, acepromazine, glycopyrrolate) 3.0mLs (route of administration unknown); induced with 1.5mLs of ketamine and 1.5mLs of midazolam (route of administration unknown), and intubated and maintained on sevoflurane. The lip was clipped and prepped – Respondent debrided the edges and placed three sutures to repair the laceration – anesthesia was turned off 2 – 3 minutes after starting. The dog remained on oxygen until she was extubated. Approximately 25 minutes later the dog was returned to the kennel area.
3. At 11:00am, Complainant's wife called to check on the dog. She was told that the dog did well, was awake, and in recovery. When asked if they could pick up the dog, staff advised that the dog could be released at 2pm so they could continue to monitor her.
4. At noon, Respondent and a staff member walked the kennels prior to going to lunch.
5. At approximately 1:00pm, after lunch, staff found the dog deceased in her kennel. Respondent called Complainant to relay the dog had passed away.
6. Later that day, Complainant went to visit the dog. He stated that Respondent did not come out to speak with them.
7. Two weeks later the dog's cremains were picked up by Complainant's parents. They spoke with Respondent; she told them the laceration repair was cosmetic and did not need to be performed. Also, the dog had an elongated soft palate common in the breed and constant monitoring would be needed however, Respondent could not justify paying technical staff to monitor animals while recovering. Animals are checked on once an hour or so.
8. According to Respondent, when Complainant arrived she was examining a horse in the barn and was not aware Complainant was there. She was not advised that they wanted to speak with her.
9. Respondent stated that at all times the dog was checked, she was breathing well and not showing signs of distress.
10. Complainant reported the dog was 2 years old; Respondent's medical records for the dog show the dog being almost 4 years old.

COMMITTEE DISCUSSION:

The Committee discussed that they had concerns of potential violations. There were medical record keeping issues, exams and pre-anesthetic blood work were lacking and lack of post-surgical monitoring. The Committee discussed that this appears to be a very busy practice, in a rural area, and possibly too many things were going on that led to a lack of observation, follow up, or proper diagnosis. Some felt there should be a comprehensive review of hospital policies with respect to how high-risk animals are monitored.

Things can change rapidly with a Bulldog – no one was present monitoring the dog. No necropsy was offered to determine a cause of death. Additionally, no matter what the financial status of a client is, the professional should offer what is best for the dog – if the pet owner declines the recommendation, then it should be recorded in the medical record. Giving a pet owner the option to check off whether they want blood work or not is not best practice. Especially, in a high risk breed that Respondent felt was undergoing a cosmetic procedure that may not have been necessary. It is the professional's responsibility to ensure the pet owner knows the risks of anesthesia in the brachycephalic breed and providing post-surgical monitoring is essential.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (11) Gross negligence - treatment of a patient or practice of veterinary medicine resulting in injury, unnecessary suffering or death that was caused by carelessness, negligence or the disregard of established principles or practices; and Malpractice – treatment in a manner contrary to accepted practices and with injurious results for failure to perform a pre-anesthetic exam, failure to provide a diagnosis prior to surgery, and failure to provide adequate post-surgical monitoring.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (H) (2) within six hours before anesthesia was administered or surgery was performed, the dog's diagnosis and general condition was not recorded in the medical record.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.